

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 1

**NAME:** NEW HAVEN EAST SHORE WPCF  
**ADDRESS:** 345 EAST SHORE PARKWAY  
NEW HAVEN, CT 06512  
**FACILITY:** NEW HAVEN EAST SHORE STP  
**LOCATION:** 345 EAST SHORE PARKWAY  
NEW HAVEN, CT 06512  
**ATTN:** JOHN TORRE

CT0100366	001-1
<b>PERMITNUMBER</b>	<b>DISCHARGENUMBER</b>

**DMR MAILING ZIP CODE:** 06512

MAJOR  
(SUBR SI)  
SANITARY SEWAGE  
External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
12	02	01	FROM	12	02	29	TO

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>					3.1	4.8	mg/L	0		
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>					30 MO AVG	50 DAILY MX	mg/L		Three per Week	COMPOS
BOD, 5 day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>					513		mg/L	0		
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>					Req. Mon. MO AVG		mg/L		Three per Week	COMPOS
pH	<b>SAMPLE MEASUREMENT</b>				6.7		6.9	SU	0		
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>				6 INST MIN		9 INST MAX	SU		Daily	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>					12.8	226.6	mg/L	1		
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>					30 MO AVG	50 DAILY MX	mg/L		Three per Week	COMPOS
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>					819		mg/L	0		
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>					Req. Mon. MO AVG		mg/L		Three per Week	COMPOS
Nitrogen, Total (as N)	<b>SAMPLE MEASUREMENT</b>	1241		lb/d					0		
00600 C 0 Nitrogen, Removal Complete	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG		lb/d						Twice Every Week	COMPOS
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	27.4	37.9	Mgal/d					0		
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d						Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE				
JOHN TORRE Project Manager		203	466-5277	12	03	09		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
TSS excursion on February 24th is flow waived per NPDES, see cover letter.

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Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>				0.4		1.6	mg/L	1		
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>				.2 INST MIN		1.5 INST MAX	mg/L		Four per Day	GRAB
Coliform, fecal general	<b>SAMPLE MEASUREMENT</b>					<3	<9	#/100mL	0		
74055 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>					Req. Mon. 30DA GEO	400 7 DA GEO	#/100mL		Three Per Week	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>				99			%	0		
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>				85 MN % RMV			%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>				97			%	0		
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>				85 MN % RMV			%		Monthly	CALCTD
Noael Static 48HR Acute D. Pulex	<b>SAMPLE MEASUREMENT</b>				100			%	0		
TDA3D T 1 See Comments	<b>PERMIT REQUIREMENT</b>				90 MINIMUM			%		Quarterly	COMPOS
Noael Static 48HR Acute Pimephales	<b>SAMPLE MEASUREMENT</b>				100			%	0		
TDA6C T 0 See Comments	<b>PERMIT REQUIREMENT</b>				90 MINIMUM			%		Quarterly	COMPOS
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
See cover letter for details of the February 24th effluent chlorine residual excursion.